POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	*TD*		6·30·00
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW		21423	10-6-00
RESPONSE FORMALITY REVIEW			12-14-00

INDEX OF CLAIMS

✔	.... Rejected	N	.... Non-elected
=	.... Allowed	I	.... Interference
–	(Through numeral)... Canceled	A	.... Appeal
÷	.... Restricted	O	.... Objected

Claim Final	Original	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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